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**the ROYAL COMMISSION on the
NORTHERN ENVIRONMENT**

SUBMISSION BY

THE RED LAKE INTER AGENCY

CO-ORDINATING COMMITTEE

**Funding Program
Report**

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ROYAL COMMISSION ON THE NORTHERN ENVIRONMENT

J.E.J. FAHLGREN, COMMISSIONER

SUBMISSION BY

THE RED LAKE INTER AGENCY

CO-ORDINATING COMMITTEE

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THIS PUBLICATION HAS BEEN PREPARED WITH THE FINANCIAL ASSISTANCE OF THE ROYAL COMMISSION ON THE NORTHERN ENVIRONMENT'S FUNDING PROGRAM. HOWEVER, NO OPINIONS, POSITIONS OR RECOMMENDATIONS EXPRESSED HEREIN SHOULD BE ATTRIBUTED TO THE COMMISSION; THEY ARE THOSE SOLELY OF THE AUTHOR(S).

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This submission is presented as a direct followup to the Red Lake Inter Agency Co-Ordinating Committee Submission made to the Royal Commission on the Northern Environment at its Preliminary Hearings held in Red Lake on November 14-15, 1977.

In our preliminary submission we attempted to outline the general role of the I.A.C.C. since its inception in 1970, to comment generally on the Commission's role and to outline a number of specific areas of concern. We also attached copies of a series of briefs and presentations which had been made by the I.A.C.C. to various levels of governments over the past ten years. The briefs, while obviously outdated, clearly documented the I.A.C.C.'s continuing concern for the social problems of the District and the Committee's proposals addressing these same challenges.

It is now more than two years since our preliminary submission to the Royal Commission. Inevitably some of the issues that we raised have been rectified or have resolved themselves, while others remain unresolved and may in fact have deteriorated over time. It is not our intention in this submission to repeat our list of concerns, for we recognize that a number of different groups will be addressing many of the points that were raised at the Commission's preliminary hearings. Rather we would prefer to present a proposal which I.A.C.C. believes

would take a significant step in improving social service delivery in the Red Lake District.

We should point out that this proposal was not conceived as a result of any particular event. Rather, it represents the culmination of a number of discussions and presentations by both government agencies and community groups over a lengthy period. Because of its evolutionary development, we present this concept as a thoughtful, logical proposal which we hope would receive the full support of the Commission.

Social services in Canada are an institutional response to certain inequalities affecting the welfare of society as a whole, as well as a means to ensure the universality of certain fundamental goals of society such as basic health care and education.

Since the second world war these services have expanded greatly to include a wide variety of programmes which range from direct income maintenance to cultural identity projects. This diversification and the incremental development of programmes among the three levels of government, together with a blossoming voluntary and non-profit sector have generated serious problems in co-ordination. Lack of co-ordination, duplication and competition between agencies are a few of the more obvious factors which have resulted from this plethora of services and programmes. These elements have diminished efficacy and in some case proved counter-productive to social service delivery. The difficulty in establishing common principles and overall policy guidelines among a wide range of agencies with differing areas of responsibility has led to the creation of numerous delivery systems all pursuing their own goals.

More recently, increasing public awareness about the dynamics and pervasiveness of poverty, and pressure from clients themselves, have shifted the focus from the inherent organizational problems

to such issues as decentralization, local input and community control. This shift in emphasis was recognized by Government and became institutionalized in wide scale re-organization of delivery systems. Accordingly, an increasing emphasis was placed on accessibility, improved communication between clients and agencies, a more integrated approach to services, joint planning and expansion of services to include those of a preventive nature.

Through this continuing re-appraisal and re-organization of social services certain conclusions can be drawn. The types of services and the manner of their delivery remain rooted in a compartmentalized view of the individual. Problems tend to be treated within a narrow framework of analysis. Informal attempts by agency staff to co-ordinate these diverse elements only serve to ameliorate the negative effects of multi-channel delivery systems, for legislation for the most part remains additive and segregated. Delivery systems are divided functionally among different branches of government, and no amount of informal co-ordination among agencies or decentralization will alter this fundamental fact.

Through attempts to improve communication and to solicit local input, the social service agencies have been successful in increasing public awareness and involvement. However, a significant side

effect has been a general decrease in demand for a wide range of services sponsored or financed by government, as well as a more astute public questioning of the purpose and effect of existing services. Financial accountability has come to the foreground as a politically contentious issue focusing more specifically on the structural and policy problems outlined above.

The net result of these pressures has not been, however, a return to basic principles from which a comprehensive plan for social welfare in the 80's can be developed. While more attention has been given to the concept of the family unit, as implied in the reorganization of the Children's Services Division of the Ministry of Community and Social Services, the overall delivery system remains a functionally divided one.

PART III - THE CASE OF NORTHERN ISOLATED COMMUNITIES

The case of Northern communities such as Red Lake-Balmertown serves to illustrate the problem at the micro level; and at this level of analysis certain factors begin to point towards practical alternatives. Thus, it is useful to comment on our perception of the social service system in a small isolated community.

Small population centres and long distances make it financially prohibitive to provide any more than basic services to remote communities, e.g. welfare, family benefits, public health, children's aid. Due to the limited resources, problems tend to be at a crisis level before receiving attention. This is by no means a derogatory comment on the abilities or the dedication of the local agency personnel. Rather, it is a comment on the difficulties which constrain service delivery in isolated communities.

In the first place, workers are carrying a heavy case load; often delivering services and programmes in a large geographic area. They must not only deliver their own programmes but also fulfill other functions of their Ministry's mandate which in larger population centres would be staffed by other professionals. Furthermore, in a large centre a number of social workers are available to sit on committees addressing local welfare issues; but in a small town, this same body of extra volunteer work is spread over a relatively small number of professionals, making an

additional demand on their available time.

More specialized services which are essentially at a secondary, referral level are only available on an infrequent and often ad hoc basis. (These would include, for example, psychometric and rehabilitative services.) The inadequacy of their delivery via travelling bureaucrats and itinerant professionals clashes with the fundamental tenets of a rational social service programme purporting to ensure continuity, follow-up, referral, and comprehensive analysis. The cost of such a system is high in both dollar and professional terms when a good portion of time and money is tied up in travel; some services are delivered at a minimum level or not offered at all, creating real gaps in competent service delivery. Information of a general nature is locally available, but any follow-up requires additional effort on the part of the social worker and a financial penalty for the individual client travelling to obtain services directly available in larger centres.

The overall impact of the present system falls short of accepted social service programme goals. Recent approaches adopted by the Government in an attempt to work towards a resolution of these problems have had some positive and some negative results.

Decentralization and community input have become the cornerstones of Provincial policy. They have taken form in several

different ways, one important one being the decentralization of ministry programmes through the establishment of district wide boards. Their representative membership is then drawn from respective community agencies and individuals. The establishment of such organizations has facilitated considerable public participation and a clearer understanding of the issues. What has not evolved, however, is an actual resolution of the basic problems of the social service delivery system.

The inherent paradox presented by the decentralization process can perhaps be analyzed more clearly in the geographic context of the region in question. The District wide Boards based in Kenora and Dryden, where membership is drawn from surrounding communities including Red Lake-Balmertown, have a relatively small population to serve. Theoretically then, their goals and planning should be simplified. However, other factors, in particular the large geographical and regional unit chosen as a delivery mechanism, more than offset this advantage. Sheer distance, and in the winter weather conditions, tend to eliminate ongoing and effective participation by the peripheral communities. (It is just not reasonable that a community must secure its input by having individuals drive return trips of 270-360 miles in severe winter conditions.) The level of comprehension and experience of the different Board members tends to favour the input of the larger centres where there is perhaps a wider and more experienced resource base to draw

upon. The District Health Council and the Children's Service Committee are two such boards where the input from Red Lake-Balmertown has been less than desirable due to these kinds of factors.

Another aspect of this decentralization process has been the impact on the larger regional centres. District wide proposals, advanced by these newly-created boards inevitably favour the incremental development of services concentrated in Dryden and Kenora. From a planning perspective, their size, and central location justify this concentration. However, given the delivery system presently in operation in the region, an upgrading of services in the two centres has limited impact on outlying communities. Because district-wide programmes draw their raison d'etre, their expertise and their operating philosophy from a distinct location, it is inevitable that proposals are biased in favour of the major centres; and it is of course ironic that the statistics employed to justify programmes include the entire district, while the programme tends to serve the centre.

The effect of this decentralization process and its regional board structures has been the development of local attitudes alternating between confrontation and acquiescence. No doubt frustration with the entire participation process has played a major role in building these attitudes. Originality and willingness to put forth a difference of opinion appear to have become serious drawbacks in this process.

Indeed we have learned that some agencies with fixed attitudes about the management of delivery systems have found I. A. C. C. to be argumentative. With such a perception prevailing, it is indeed difficult to muster support from without for an innovative approach. Yet it is with this background and understanding of the issue that we put forth our proposal for an integrated social service delivery system.

Recognizing that a number of different strategies have been adopted to address the challenge of social delivery system service throughout Canada and other Western democracies, we would like to make the following observations. While a powerful case can be made for fully integrated social service programmes, we are aware that this type of decision would require a fundamental change in the policy and structure of the Provincial and Federal Governments, involving a lengthy consultation and study period. Thus we would prefer to begin in a more modest way. An integrated service delivery system would essentially entail a moderate change which leaves intact the present legislative and ministerial divisions of responsibility.

We recognize that often the intangible reason why a system works effectively may be the most crucial to its success. Because in the Red Lake District we are of the opinion that the ingredients for an

integrated service delivery system are already in place, we would recommend beginning with formalizing the mechanics of integration. What is required is a certain degree of administrative adjustment as well as political approval which will formalize and support the basic structure proposed.

An integrated social source delivery system is a concept which encompasses both the physical location of services and the delivery mechanism. It is based on the fundamental principle that a client's needs are indivisible. One facility houses a range of services provided by the community and as needed, those itinerant services delivered from outside the community. One centralized administration handles all reception, secretarial, filing, and collation needs, thus effecting a fully co-ordinated information referral system.

Services are integrated through the employment of case workers and specialist consultants. The job function of the former includes the delivery of all current government programmes as laid down by legislation. The case worker is the first point of contact for any client dealing with the Centre. More specialized services are provided through referral by the case worker to the consultants on staff. The job function of the latter is more narrowly defined and applies to a specific problem rather than a programme (i. e. phychometrist). Continuity and co-ordination are thus maintained as all consultation is channelled through the case worker.

Responsibility for overall policy, planning and implementation of an integrated facility lies with some type of organizational structure which could take several different forms depending on the particular nature of the community, the numbers served, the geographic location of the community, etc. An incorporated local board is one means of effecting this system. Through a local board membership is drawn from the municipality, and all local groups and organizations dealing with community and social issues. Financial and programme accountability fall under the board's purview and responsibilities as does the overall operation of the Centre. In effect then, decentralization of programmes to the local level, an integration of services through the use of a case-worker-specialist approach, and the existance of one physical facility are interrelated components of an integrated social service delivery system.

In the Red Lake-Balmertown District, there are currently some ten different agencies operating locally. As outlined in detail in Appendix A, they vary in scope, level of service, target group, and geographic area of responsibility. Generally, they include those primary services which constitute the basic framework of the Canadian social welfare system as provided for in legislation. The majority of support services, supervisory and specialized, are not available locally, but are provided through regional delivery centres in Kenora, Dryden, and Thunder Bay.

It would seem to us that the present multi-function delivery system of social services has inherent inefficiencies. Consider the multiple-problem family receiving regular visits from a number of social workers representing different agencies: each agency requires and maintains a substantial amount of case documentation with many common information needs; and some agencies operate under guidelines requiring specific follow-up visits. (There was a case in Red Lake when staff from four agencies - Community and Social Services, Public Health, Children's Aid and the School Attendance Officer - visited one person in one day. The result was a fairly significant intrusion by a number of individuals into one family situation.) Confusion and irritation on the part of the clients are difficult to avoid in such instances. The long term programme goal may thus be jeopardized by the delivery system itself.

Our proposal encompasses the concept of a professional case worker who would concentrate on the total needs of a limited number of families rather than on the partial needs of many. The caseworker would be allotted a territory or list of families for which he or she would have responsibility for the delivery of a broad range of programmes. It is hoped that through this mechanism a more sensitive approach would be fostered allowing for the development of a positive working relationship between client and worker. The more specialized services would continue to be delivered in the present format from regional centres, or where numbers warrant could be included as part of the local delivery system.

We recognize that our numbers do not justify the cost of some specialized services and hence they must continue to be delivered from larger centres. However, it is also felt that certain jobs could be provided locally on a part time basis. For instance, the part time Probation and Parole worker is a case in point. Such a strategy could easily be applied to combine the job functions of the Unemployment Insurance Commission, Manpower, and the Workmen's Compensation Board to ensure a local service either on a part time or full time basis.

Implementation would be accomplished in two phases. The first phase would see the physical amalgamation of all agencies under one roof and an integration of all administration where possible. Obviously confidential data would remain the particular responsibility of the agency involved. However, secretarial, janitorial and reception functions could be integrated without jeopardizing any client - agency confidentiality. This phase would also include the employment of a researcher whose sole job would be to document in detail all existing programme delivery mechanisms, current contractual agreements, and their costs; to plan the changeover to the fully integrated system of delivery encompassing all jurisdictional responsibilities; and to prepare a research - evaluation component of the newly created Centre.

While obviously it is premature to outguess the recommendations of the researcher, the following broad outline is at least suggestive of the kind of system which is being contemplated in Phase two of this proposal.

The first stage would probably be the establishment of a suitable community board in the Red Lake area. Its representation would include members from both municipal councils, the Board of Education, the Hospital Board, the voluntary sector, the Friendship Centre, and citizens at large. The board would be established as a non-profit corporation and would assume legislative and financial responsibility for a range of social service programmes. In effect, programme funds would be transferred to this Board which would then assume legal responsibility for the delivery and financing of the services. The Board would be responsible for establishing a delivery system based upon the optimum use of social work staff presently employed in the area.

The Board would appoint a Director of Social Services whose role would be to design and implement a system of delivery, be responsible to the board for the efficient operation of the centre, and handle liaison with external agencies which provide specialized services to the centre. A director would make an evaluation of all present social work positions in the District and would divide the workers into the following classifications:

- 1) Specialized Social Worker
- 2) Case Worker
- 3) Administrative Worker

There would be two major departments in the centre:

information - referral, and family and social services. The former would be responsible for liaison with all agencies of government with whom the centre has contact. (For example, Lakehead Psychiatric in Thunder Bay, Sick Children's Hospital in Toronto, and the Health Sciences Centre in Winnipeg.) Part of the responsibility of this department would be to maintain accurate documentation in order to identify gaps in the local delivery system so that initiatives can be made to have these services delivered locally. The information supervisor would also be responsible for the centralized reception, word processing and filing system. Public awareness and community development would also be handled by this department.

The family and social services department would be supervised by a senior case worker. The department would also have on staff an income maintenance specialist, a child care and adoption specialist, and specialists in the fields of public health, education, guidance and psychometry. These consultants would provide back-up to the case worker staff. The case workers would be assigned to a group of families based upon geographical, ethnic, and linguistic divisions or according to interest and temperament.

It is anticipated that the proposed system would find cost benefits in the collating, and storing of client data and would provide an efficient, personalized delivery of a range of social services.

It would then be impossible for any particular social problem to be outside the purview of the centre, thus avoiding for the client that disquieting knowledge that his major problem does not appear to be any agency's responsibility. The system would also provide for the amalgamation of functions currently provided by different government departments on an itinerant basis into local part time or full time jobs. Finally, it would provide a direct saving in heat, hydro, rent, office equipment, janitorial and clerical services through the housing of all agencies under one roof.

An opportunity exists for the commission to work with Red Lake and Balmertown Municipal officials and I.A.C.C. to design a practical experiment in social service delivery which will meet the needs of a small population centre in Northern Ontario and have applications as a model in other jurisdictions of Northern and rural Canada.

Specifically, I.A.C.C. would recommend that the Commission establish a committee starting with the following bodies from which a working group will be selected:

- IN THE AREA:
- The Township of Red Lake
 - The Improvement District of Balmertown
 - I.A.C.C.
 - The Red Lake Board of Education
 - The Margaret Cochenour Hospital Board
 - Representatives from local volunteer and non-profit groups such as Harmony Centre, Mental Health Committee
 - The Red Lake Indian Friendship Centre

FROM OUTSIDE
THE AREA

The Royal Commission on the Northern Environment

The Ministry of Community and Social Services

Children's Aid Society, Kenora District

District Health Council

The working group should hire a researcher to:

- 1) Investigate the space requirements for a building to house the consolidated centre for service delivery; and provide information on opportunities for acquisition and renovation of a suitable building or for construction of same.
- 2) Work-up a capital budget for establishment of centre and attendant one-time costs, and develop operating budget based upon staffing recommendations from the community board. Also catalogue short-term and long-term savings which the new system will effect.
- 3) Investigate the contractual agreements which would need to be struck between the various government agencies and the community group for the delivery of social service systems within the legislative framework. N.B. The Children's Aid Society agreement with the Province of Ontario should act as a major resource.

FROM OUTSIDE
THE AREA - continued

- 4) Develop a critical path analysis for change-over time frame from multiple channel delivery system to community central system.
- 5) Set up a research design for evaluation purposes.

An Ontario Government Report to a Federal-Provincial Conference in 1973 commented that:

"Major programs are now initiated by two levels of government, administered by three and fragmented among a myriad of departments, ministries and agencies. Improvements have been made, but the results of this unco-ordinated approach is a system characterized by excessive categorization, gaps, overlaps, inequities, disincentives and contradictions."

We would submit that although much effort appears to have been expended by the Province in reorganization, little tangible benefit has accrued. I.A.C.C. with its fifteen or so members over a ten year period brings 150 man-years of experience in social service delivery in Red Lake to bear upon our specific problems. We conclude that an effort must be made to revitalize the system from the bottom up.

A P P E N D I C E S

- A Inventory Of Existing And Recommended Services
- B Schematic Model Of Present And Recommended Delivery Systems
- C Organizational Chart Of Proposed Centre
- D Bibliography
- E List Of Agencies And Groups Receiving A Copy Of This Submission

A - INVENTORY OF EXISTING AND
RECOMMENDED SERVICES

Current Level Of Services In
The Red Lake-Balmertown
District

Services Delivered On An
Itinerant Basis

Services Recommended For
Delivery In The Red Lake-
Balmertown District, But
Currently Unavailable At The
Local Level

CURRENT LEVEL OF SERVICES

AGENCY	STATUS	HEAD OFFICE LOCATION	SUPERVISORY OFFICE	NUMBER OF WORKERS		GEOGRAPHIC AREA OF RESPONSIBILITY
				PROFESSIONAL	SECRETARIAL	
Twp. of Red Lake Welfare	Municipal	Red Lake	Red Lake	1	---	Red Lake Balmertown
Red Lake Day Care Centre	Municipal	Red Lake	Red Lake	5	2	---
Improvement District of Balmertown Welfare	Municipal	Balmertown	Balmertown	1	---	1 Balmertown
Family And Children's Services	Private Non-Profit	Kenora	Red Lake	5	---	1 Red Lake Balmertown Ear Falls Fly In Reserves Unorganized Territory
Ministry of Community And Social Services	Provincial	Sault Ste. Marie	Keewatin	2	---	Red Lake Balmertown Fly In Reserves Unorganized Territory

CURRENT LEVEL OF SERVICES

-2-

AGENCY	STATUS	HEAD OFFICE LOCATION	SUPERVISORY OFFICE	NUMBER OF WORKERS			GEOGRAPHIC AREA OF RESPONSIBILITY
				PROFESSIONAL	SECRETARIAL		
			Full Time	Part Time	Full Time	Part Time	
Northwestern Health Unit	Non-Profit Organization	Kenora	Kenora	4	1	1	-- Red Lake Balmertown Ear Falls
Probation And Parole Services	Provincial	Thunder Bay	Kenora	--	1	--	-- Red Lake Balmertown Ear Falls
Ministry of Northern Affairs	Provincial	Thunder Bay	Kenora	1	--	--	1 Red Lake Balmertown Unorganized Territory
Red Lake District Association For The Mentally Retarded	Local Committee With Provincial And Regional Affiliation						Red Lake Balmertown Ear Falls
Red Lake Ear Falls Mental Health Program	Non-Profit Organization	Red Lake	Red Lake	2	--	--	1 Red Lake Balmertown Ear Falls

CURRENT LEVEL OF SERVICES

-3-

<u>AGENCY</u>	<u>STATUS</u>	<u>HEAD OFFICE LOCATION</u>	<u>SUPERVISORY OFFICE</u>	<u>NUMBER OF WORKERS</u>		<u>GEOGRAPHIC AREA OF RESPONSIBILITY</u>	
				<u>PROFESSIONAL</u>	<u>SECRETARIAL</u>		
				<u>Full Time</u>	<u>Part Time</u>	<u>Full Time</u>	<u>Part Time</u>
Harmony Centre (Skills Unlimited)	Non-Profit Organization	Red Lake	Red Lake	3	--	--	-
Workshop							
Red Lake Indian Friendship Centre	Non-Profit Organization	Red Lake	Red Lake	3	--	--	1
Owen W. Matthews Manor	Satellite of Pinecrest Home of Kenora (Senior Citizen's Residence)	Red Lake Kenora	Red Lake Kenora	8	--	1	Red Lake Ear Falls Unorganized Territory

SERVICES DELIVERED ON AN ITINERANT BASIS

<u>AGE N C Y</u>	<u>S T A T U S</u>	<u>P E R S O N N E L</u>	<u>F R E Q U E N C Y O F V I S I T S T O R E D L A K E - B A L M E R T O W N</u>
Ministry Of Community And Social Services	Provincial	1) Vocational Rehab 2) Social Worker 3) Supervisor 4) Adult Protection Services Worker	Monthly Monthly Six Times Per Year Periodically
Ministry Of Health	Provincial	1) Medical Officer 2) Supervisor 3) Director of Nursing 4) Family Planning Co-Ordinator 5) V. D. Co-Ordinator 6) Consultants On Mental Health	Monthly Six Times Per Year Six Times Per Year One Trip Annually One Trip Annually -
Regional Children's Centre	Non-Profit	Psychometrist	Monthly
St. Joseph's Travelling Rehab Team	Private	Rehab Specialist	Periodically
Probation And Parole	Provincial	Supervisor	Two Times Per Year
Geneva Centre	Non-Profit	Specialist For Autistic Children	Four Times Per Year

SERVICES DELIVERED ON AN ITINERANT BASIS

-2-

A G E N C Y

S T A T U S

P E R S O N N E L

F R E Q U E N C Y
O F V I S I T S T O

RED LAKE

BALMERTOWN

Workmen's Compensation Board	Provincial	1) Supervisor 2) Field Worker	Three Times Per Year Nine Times Per Year	Twelve Half Days Per Year	Periodically
Canada Employment Centre	Federal	Field Worker	Twenty 1 1/2 Day Trips		
Ministry of Transportation And Communications	Provincial	Field Worker	Three to Four Times Per Year		
Northern Ontario Development Corporation	Provincial	Field Worker			
Ministry of Colleges And Universities	Provincial	Field Worker (Apprenticeship Training)			
Canada Immigration	Federal	Field Worker	Periodically		
Federal Business Development Bank	Federal	Field Worker	Twenty Times Per Year		
Ministry Of Labor	Provincial	Field Worker	Periodically		
Ministry Of Culture And Recreation	Provincial	Field Worker	Periodically		
Ministry Of Industry And Tourism	Provincial	Field Worker	Periodically		

SERVICES DELIVERED ON AN ITINERANT BASIS

-3-

A G E N C Y

S T A T U S

P E R S O N N E L

F R E Q U E N C Y
OF VISITS TO
RED LAKE -
BALMERTOWN

Department of Veteran Affairs

Periodically

Field Worker

Federal

Canada Pension

Periodically

Field Worker

Federal

Old Age Security

Periodically

Field Worker

Federal

Department of Communications

Periodically

Field Worker

Federal

Confederation College

Periodically

Field Worker

Non-Profit

SERVICES RECOMMENDED FOR DELIVERY IN THE
RED LAKE-BALMERTOWN DISTRICT, BUT
CURRENTLY UNAVAILABLE AT THE LOCAL LEVEL

Upgraded Diagnostic Treatment Systems For Children
With Behavioural Problems And Learning
Disabilities;

- Psychometrist
- Speech Pathologist
- Speech Therapist

Credit Counsellor

Optometrist

Dental Services For School Children

Upgraded Specialized Medical Services Or At Least
Improved Access To Them

Improved Back-Up For Social Work Services

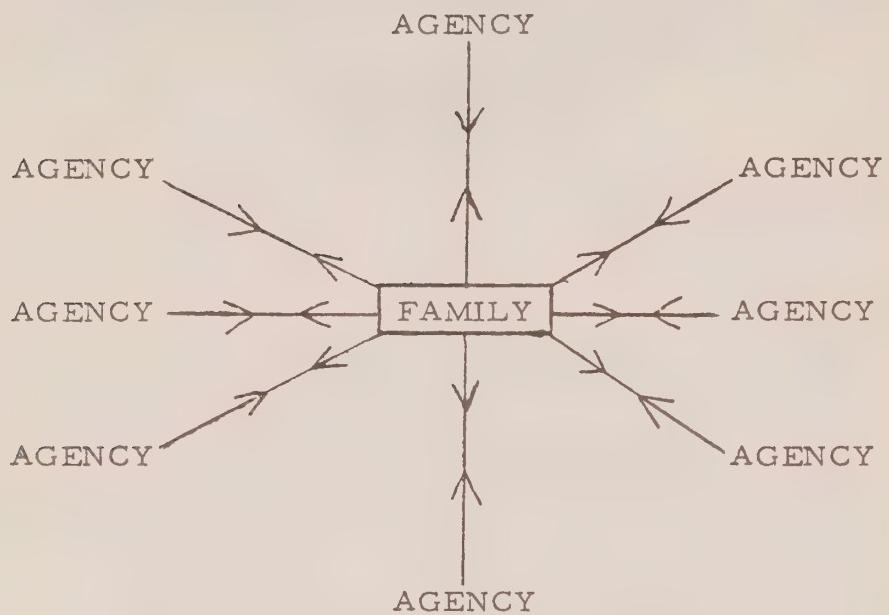
Upgraded Manpower Services
Apprenticeships, Relocation, U.I.C.,
Skill Development

Alcohol Abuse Counsellor

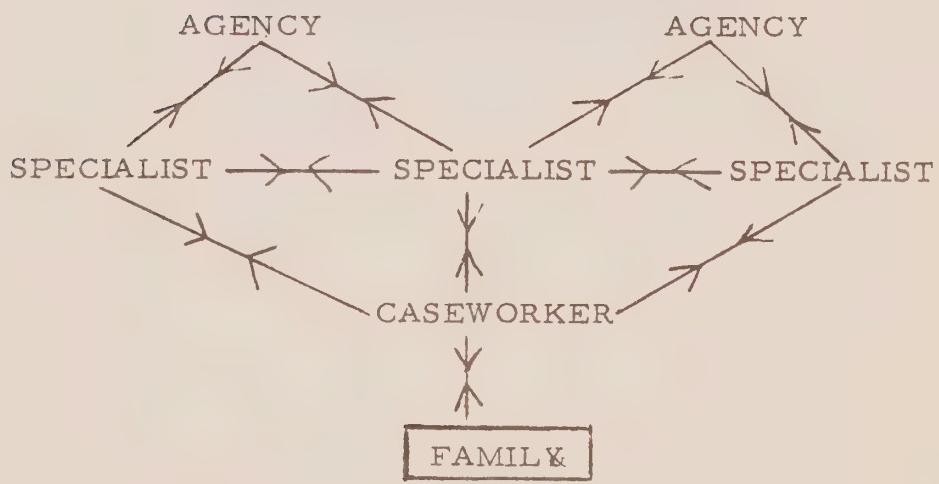
Family Marital Counsellor

Home Care - Home Nursing For Geriatrics,
Chronically Ill, Terminally Ill.

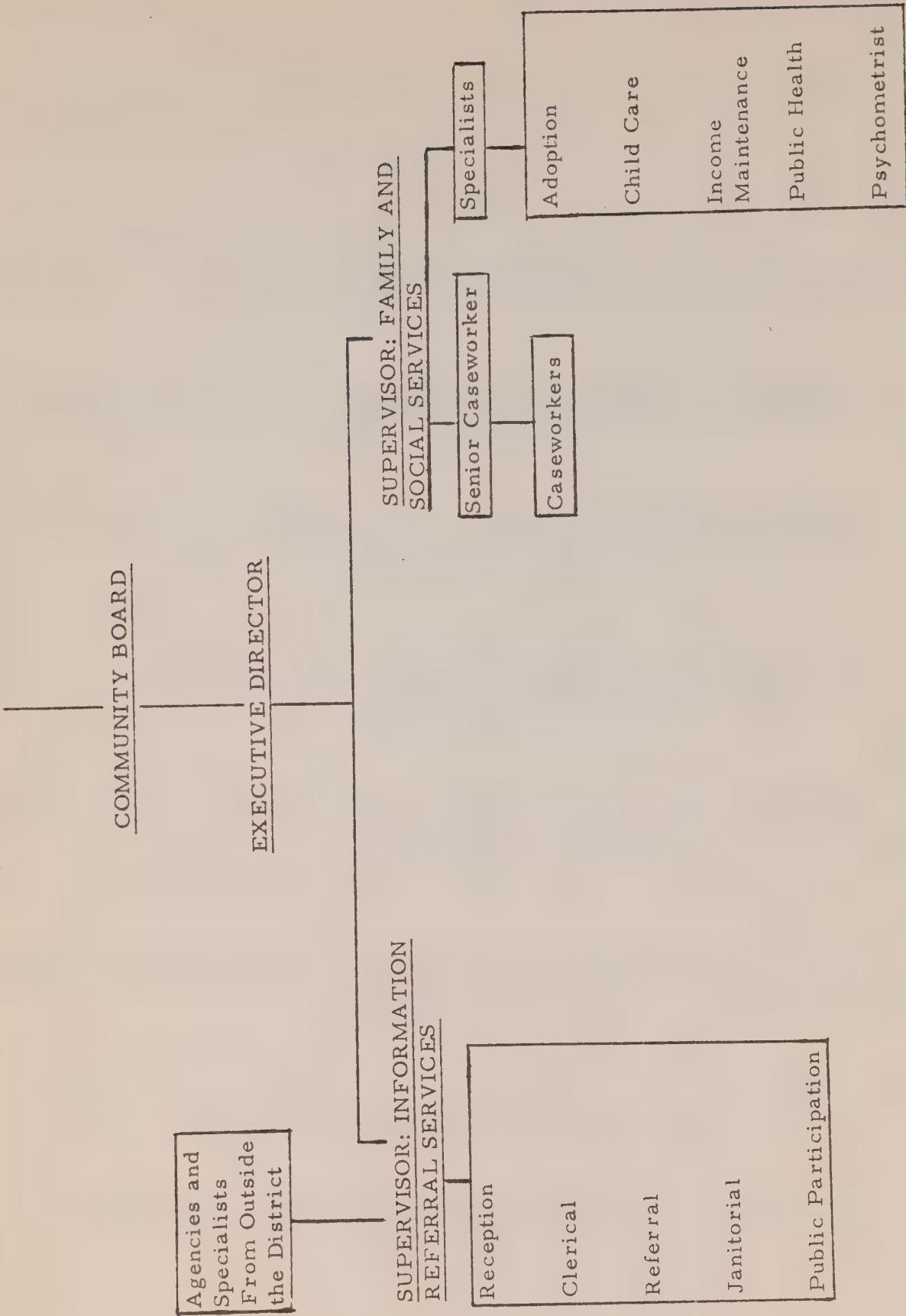
B - PRESENT DELIVERY SYSTEM



RECOMMENDED DELIVERY SYSTEM



C - ORGANIZATIONAL CHART



D - BIBLIOGRAPHY

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E - COPIES OF SUBMISSION SENT
TO THE FOLLOWING:

Township Of Red Lake

Improvement District Of Balmer-
town

Red Lake Board Of Education

Margaret Cochenour Memorial
Hospital Board

I. A. C. C. Members

